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## \*\* CONTINUING DATA \*\*\*\*\*

*OK* THIS APPLICATION IS A 371 OF PCT/EP01/00307 01/10/2001  
*GH*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None Kit*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MO	SHEETS DRAWING 1	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 5
Verified and Acknowledged			Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

## ADDRESS

29157

## TITLE

Dental diet for reducing tartar

FILING FEE RECEIVED 1726	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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